

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/646355

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		3				
6		12				
7		10				
8						
9						
10						
11						
12						
13						
14						
15						
16						
17			1			
18				1		
19				1		
20				3		
21				3		
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49						
50						
TOTAL IND.	1		1			
TOTAL DEP.		10		17		
TOTAL CLAIMS	1	10	1	17		

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

U.S. DEPARTMENT OF COMMERCE